NAME Chad Frazier ACTIVITY baseball

ADDRESS 102 Kater Fowler

DATE OF BIRTH 5/82/ SEX M SCHOOL DISTRICT 50 51 52 ✓ OTHER

SOCIAL SECURITY # - - TELEPHONE # 543-4424 EMERGENCY #

IF ON MEDICATION, WHAT TYPE? None

PARENT(S) NAME Rickey + Juanetta Frazier

THE UNDERSIGNED PARENT OR GUARDIAN HEREBY FREELY AND KNOWINGLY WAIVES AND RELEASES HISTORIC NINETY SIX DEVELOPMENT COMMISSION AND THE TOWN OF NINETY SIX AND ITS AGENTS, EMPLOYEES, SPONSORS AND ORGANIZERS FROM ANY AND EVERY LIABILITY AND RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR OTHER LOSS SUSTAINED BY THE ABOVE NAMED CHILD AS A RESULT OF OR ARISING OUT OF THE CHILD'S PARTICIPATION IN ANY ACTIVITY CONDUCTED BY THE HISTORIC NINETY SIX DOWNTOWN DEVELOPMENT OR THE TOWN OF NINETY SIX. WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY. WE THE PARENT OR GUARDIAN GRANT PERMISSION TO MANAGING AND/OR COACHING PERSONNEL OR OTHER LEAGUE OFFICIALS TO AUTHORIZE AND OBTAIN MEDICAL CARE AND TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC, INCLUDING MAJOR SURGERY DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN SHOULD THE CHILD BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES SPONSORED BY HISTORIC NINETY SIX DOWNTOWN DEVELOPMENT AND THE TOWN OF NINETY SIX WHEN NEITHER PARENT/GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION. HISTORIC NINETY SIX DOWNTOWN DEVELOPMENT AND THE TOWN OF NINETY SIX DOES NOT PROVIDE ACCIDENT/MEDICAL INSURANCE FOR THE PARTICIPANTS OF ITS ACTIVITIES.

Rickey Frazier 7/22/93

SIGNATURE OF PARENT OR GUARDIAN DATE

LOCATION REGISTRATION FEE

TEAM ID # ENTERED BY